
Name of party Submitting

Address of party Submitting

Phone of party Submitting

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

PROVIDER,

v.

PAYOR.

MOTION FOR RECONSIDERATION

DISPUTE NO.: _____

PATIENT:

SOC. SEC. NO:

DATE(S) OF SERVICE:

DISPUTED AMOUNT: \$

COMES NOW _____, Movant, pursuant to **Judicial Rule**

(B)(3)(a) as referenced in IDAPA 17002.08.032 and requests that the Industrial Commission of the State of Idaho review the Administrative Order on Motion for Approval of Disputed Charge filed in this matter. This Motion is based on the Administrative Order, pleadings and exhibits filed with the Commission in this matter, and on other information relied on by Commission staff. If filed herewith, this Motion is also based on the Motion to Present Additional Evidence and on the information and evidence filed in support of the Motion.

Movant requests that the Industrial Commission review the Administrative Order for the following reasons:

1. _____

2. _____

3. _____

4. _____

5. _____

I certify that the information herein is true and accurate to the best of my information and belief.

DATED This ____ Day of _____, 1999.

BY: _____
Signature of Authorized Agent

CERTIFICATE OF SERVICE

I hereby certify that on the ____ Day of _____, _____, a true and correct copy of this Administrative Order was served by upon each of the following, as noted:

IDAHO INDUSTRIAL COMMISSION
MEDICAL FEE DISPUTE COORDINATOR
PO BOX 83720
BOISE, ID 83720-0041

US Mail _____
Hand Delivery _____
Fax _____

Other Party's Address:

US Mail _____
Hand Delivery _____
Fax _____

Signature of Authorized Agent

